

# COUNTY OF SUFFOLK



**Steve Levy**  
**Suffolk County Executive**

## **MINORITY BUSINESS ENTERPRISE COALITION**

Office of Affirmative Action & Minority Affairs  
100 Veterans Memorial Highway, 3<sup>rd</sup> Floor  
P.O. Box 6100  
Hauppauge, New York 11788-0099  
(631) 853-4738

### **MBEC MEMBERSHIP FORM**

If you would like to become a member of the MBEC, or would like to update your file, please fill out this form and mail it to the above address. Each MBEC member is eligible to be listed in the MBEC Directory. This is not a directory form. New members and members wishing to update their files must also fill out a MBEC Directory Form.

**1. Membership classification:** (please check only one)

*New member* (voting status) \_\_\_\_\_

Voting membership is open to any minority business entrepreneur who resides or maintains their business in Suffolk County. Applicant must own at least 51% of the business and must control the day-to-day operations of the company.

*New member* (non voting status) \_\_\_\_\_

Non-voting membership is open to any minority business entrepreneur who maintains their business in Nassau County, but conducts a large portion of their business in Suffolk County. Applicant must own at least 51% of the business and must control the day-to-day operations of the company.

*Resource Agent* \_\_\_\_\_

Governmental or corporate entities that offer procurement opportunities on a large scale basis, agencies that offer services or aid to minority business entrepreneurs and government officials.

*Update to membership file* \_\_\_\_\_

For current MBEC members that have a change of information.

**2. Business Classification:**

Contractor \_\_\_\_\_

Supplier/Vendor \_\_\_\_\_

Consultant \_\_\_\_\_

Manufacturer \_\_\_\_\_

Other \_\_\_\_\_

**3. Business Identification:**

Company Name: \_\_\_\_\_

MBEC member's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Voice Mail No: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_ Date Started: \_\_\_\_\_

Products/services: \_\_\_\_\_

**4. Type of Business:**

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture \_\_\_\_\_

**5. Type of Ownership:**

Women \_\_\_\_\_ Minority \_\_\_\_\_

**6. List:**

Principal Owner(s)	% Owned	Sex (M/F)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Certification History:** (List agency/corporate and governmental certifications)

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**Name:** (please print) \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

FOR OFFICE USE ONLY

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

**NOTE: This is not a directory application.** If you wish to obtain one, or have any questions, please contact us at (631) 853-4738.